

STRUCTURAL PEST CONTROL COMMISSION  
AGRICULTURE BUILDING – CAPITOL SQUARE  
ATLANTA, GA 30334

**APPLICATION FOR EMPLOYEE REGISTRATION EXAMINATION**

1. This form must be filled out completely. Failure to provide all requested information will be grounds for disapproval of this application.
2. This form must be typed or neatly printed and signed with original signature.
3. You must bring a photo ID and this application with you to the exam.
4. **A fee of \$10.00 must accompany this application. Checks or money order only – cash will not be accepted** - Make checks payable to the Georgia Department of Agriculture or the Georgia Structural Pest Control Commission. (\$15.00 fee for returned checks)
5. Study guides for this exam are available from the Georgia Pest Control Association (770) 417-1881 or on the Department's website [www.agr.georgia.gov](http://www.agr.georgia.gov)
6. You must bring a #2 pencil with you to the exam. We suggest that you bring extra pencils.
7. There is a 2.5 hour time limit for this exam.

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Note: Every effort will be made to accommodate you at the test site. Due to space limitations, we may not be able to accommodate all applicants. Test sites are on a first come first serve basis. If we are unable to accommodate you, you will need to attend an alternate test site and/or date.  
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**General Information – To be Completed by Applicant**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ SS Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_

Employer/Company \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

First Application \_\_\_\_\_ Retest \_\_\_\_\_ Company License Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

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**To Be Completed by Applicant**

I authorize the Department of Agriculture and the Structural Pest Control Commission to release the results of my examination to my employer.

Signature of Applicant \_\_\_\_\_

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**Verification of Employment**

**To be Completed by the Designated Certified Operator**

I verify that the above identified employee has received the training required by Chapter 620-3-.02(e) of the Rules of the Structural Pest Control Act.

Original  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Certification # \_\_\_\_\_

Categories in which employee operates: HPC \_\_\_\_\_ WDO \_\_\_\_\_ FUM \_\_\_\_\_